Initial TCA

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

439047	
Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a ce	rtification form for each SAC through which it provides Lifeline service).
ок	Easy Telephone Services Company
State	ETC Name
Easy Wireless	N/A
DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Does the reporting company have affiliated ETCs? Provide a list of all ETCs that are affiliated with the reporting ETC,	Yes No using page 4 and additional sheets if necessary. Affiliation shall be
determined in accordance with Section 3(2) of the Communications A owns or controls, is owned or controlled by, or is under common own C.F.R. § 76.1200.	Act. That Section defines "affiliate" as "a person that (directly or indirectly) nership or control with, another person." 47 U.S.C. § 153(2). See also 47
Affiliated ETC's SAC	Affiliated ETC's Name
See Attached Worksheet	
formation, or other similar legal document. An officer is laws (or partnership agreement), and would typically be pro-	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by- resident, vice president for operations, vice president for finance, er is a sole proprietorship, the owner must sign the certification.
Section 1: Initial Certification All ETCs must complete to	his section
I certify that the company listed above has certification pro	ocedures in place to:
A) Review income and program-based eligibility documenthat, to the best of my knowledge, the company was income and/or program-based eligibility prior to his or a second control of the company was income and control of the	tation prior to enrolling a consumer in the Lifeline program, and a presented with documentation of each consumer's household her enrollment in Lifeline; and/or
B) Confirm consumer eligibility by relying upon access Lifeline administrator prior to enrolling a consumer in the second consumer in the	to a state database and/or notice of eligibility from the state the Lifeline program.
I am an officer of the company named above. I am authoabove.	prized to make this certification for the Study Area Code listed

Section 2: **Annual Recertification**

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
40,740	0	7,520	14,797	18,423

Recertification Results:

F	G	$\mathbf{H} = (\mathbf{F} \mathbf{-} \mathbf{G})$	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
18,423	8,582	9,841	30	9.871

K	L		
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC		
0	0		

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. TCA

Initial_

AND/OR

B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on: (List database or name of administrator here) ____. Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial TCA

OR

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial _

Section 3: **De-enroll Percentage**

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
18,423	9,871	54

Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Is	the	ET	C	Pre-	P	ai	d	?
----	-----	----	---	------	---	----	---	---

Yes X

No 🔲

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q				
Month	Subscribers De-Enrolled for Non-Usage				
January	0				
February	0				
March	0				
April	0				
May	0				
June	0				
July	0				
August	0				
September	0				
October	0				
November	0				
December	0				
Total Subscribers	0				

Signature Block

By signing	below, 1	certify 1	that the	company	listed a	bove is	in c	ompliance	with	all federa	l Lifeline	certifi	cation
procedures	. I am a	in officer	r of the	company	named	above.	Ia	m authoriz	zed to	make th	is certific	ation f	or the
Study Area													

	1	110	u
S	ignature	of O	fficer

tallen@telecomservicebureau.com

Email Address of Officer

Tina C. Allen

Person Completing This Certification Form

Tina C. Allen, Secretary

Printed Name and Title of Officer

10/16/2017

Date

352-233-2717

Contact Phone Number

Affiliated ETCs

SAC	Name
279036	Affordable Phone Service
409020	Absolute Home Phones, Inc.
559012	Absolute Home Phones, Inc.
639011	Absolute Mobile, Inc.
189013	Assurance Home Phone Services, Inc.
429019	Assurance Home Phone Services, Inc.
409024	Assurance Home Phone Services, Inc. Assurance Home Phone Services, Inc.
209023	Gulf Coast Home Phones, Inc.
109013	Gulf Coast Home Phones, Inc.
429017	Aegis Telecom, Inc.
409017	Easy Telephone Services Company
269032	Easy Telephone Services Company
429021	Easy Telephone Services Company
420021	Lasy relephone dervices company
4	
2	
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